


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A08836</b> 1. Entity Name <b>ADMIRAL '80, LTD.</b>	
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FILED  
2004 APR 22 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647</b>	Mailing Address <b>2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647</b>
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MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1999500</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>OLSON, NORMAN D. SUITE #5 2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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9. Capital Contributions as Shown on record. <b>\$325,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

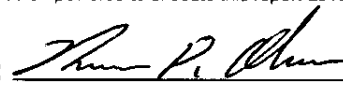
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>OLSON, NORMAN D.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2400 N.W. BOCA RATON BL.</b>		
CITY-ST-ZIP	<b>BOCA RATON FL</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>ECKHOUSE, RICHARD H.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2400 N.W. BOCA RATON BL.</b>		
CITY-ST-ZIP	<b>BOCA RATON FL</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

**800035797058**  
05/10/04--01031--009 \*\*8.75

**800035797058**  
05/10/04--01031--010 \*\*526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

<b>SIGNATURE:</b> 	<b>Norman D. Olson</b>	<b>31Dec03</b>	<b>561-750-5000</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #